2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 05, 2004 8:00 am Secretary of State DOCUMENT #P03000006592 UNITED PROFESSIONAL FINANCIAL, CORP. 05-05-2004 90229 050 ***150.00 Principal Place of Business Mailing Address 7800 NW 34TH STREET., STE 204 7800 NW-34TH STREET., STE 204 -MIAMI, FL 33122 MIAMI, FL 33122 2. Principal Place of Business 3. Mailing Address 10481 SW 885T Suite, Apt. #, etc. \$\frac{1}{2} 2036 Suite, Apt. #, etc. 04302004 Chg-P CR2E034 (10/03) D 203 B City & State City & State 4. FEI Number Applied For 81-059138 MIAMI FL MIAMI Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DIEHS, JOSE A ss (P.O. Box Number is Not Acceptable) 7800 NW 34TH STREET., STE 204 MIAMI, FL 33122 203 B MIANI 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. JOSE A. DIEHS SIGNATURE. (NOTE: Registered Agent signature required when reinstating) ped or printed name of registered agent and little if applicable 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. DILE Delete THILE DIEHS , JOSE A. DIEHS, JOSE A NAME NAME 10481 SW 88 ST, SUITE D2038 7800 NW 34TH STREET:, STE 204 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP MIAMI, FL 33122 MIANI FL 33/73 Delete ☐ Addition TITLE TITLE NIEHS/CRETA DIEHS, CRETA NAME NAME 10481 SW 8857, SUITE D 203B STREET ADDRESS 7800 NW 34TH STREET., STE 204 STREET ADDRESS MIAMI, FL 33122 CITY-ST-ZIP CITY-ST-ZIF MIAMI FC 33173 ☐ Defete ☐ Change Addition -TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP Delete Change TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

STREET ADDRESS

CITY-ST-ZIP

SIG	ΝΑ	TL	IR	E:

STREET ADDRESS

CITY-ST-ZIP

OR PRINTED NAME OF SIGNING OFFICER OR DIRECT